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ABSTRACT

Social norms regarding women's drinking have relaxed over the past few decades and, on college campuses, the gap between the percentages of female (79%) and male (86%) students who report that they use alcohol is smaller than ever. This situation presents a particular challenge to college administrators. The Alcohol Education and Training Program at Rutgers University uses an educational, primary prevention approach to alcohol education. Four content areas seem particularly relevant for women in college. The first area is Blood Alcohol Concentration (B.A.C.). Because B.A.C. represents the percentage of alcohol in the body compared to the amount of blood and fluid a person has, body size and composition can contribute to the potential for alcohol to have a greater impact on women than on men. The second issue concerns the interaction of alcohol with other drugs. The fact that women tend to use more medication than men do makes the risk of adverse reactions from combining alcohol with other drugs a particular concern. The third issue, the risk of Fetal Alcohol Syndrome and Fetal Alcohol Effects, should be of special concern to pregnant women. Finally, it appears that alcohol plays a role in many cases of acquaintance rape on college campuses. A comprehensive approach to dealing with alcohol issues on the college campuses is needed. The components of such an approach should include education, treatment, and environment. (NB)

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WOMEN, ALCOHOL, AND THE COLLEGE CAMPUS

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WOMEN, ALCOHOL, AND THE COLLEGE CAMPUS

1986 NAWDAC CONFERENCE

NATIONAL ASSOCIATION FOR WOMEN DEANS, ADMINISTRATORS AND COUNSELORS
Denver Marriott - City Center
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INTRODUCTION

Social norms regarding women's drinking have relaxed considerably over the past few decades. In fact, on college campuses, the gap between the percentage of female and male students who report that they drink alcoholic beverages is smaller than ever - approximately 79% of the women and 86% of the men.

This situation presents a particular challenge to university and college administrators. Since women are subject to specific types of problems related to alcohol misuse, both within the college environment and elsewhere in society, efforts to reduce the incidence and severity of such problems become an issue of concern for all of us.

During this session, I will review the factors about which women need to be aware to help ensure, if they choose to drink alcoholic beverages, that drinking remains a healthy, enjoyable component of their lives. I will discuss the similarities and differences regarding alcohol effects between women and men; as well as the potential interaction between alcohol and other drugs, and its significance for women. I will also address the fact that Fetal Alcohol Syndrome is a completely preventable, yet highly prevalent disorder; and the relationship between alcohol and acquaintance rape, particularly on the college campus.

The emphasis will be on using this information to help prevent acute and chronic problems related to alcohol misuse. Practical suggestions for effective educational programming to deal with these issues from a prevention standpoint will be offered. Sample materials will also be distributed for possible adaptation on your own campuses.

ALCOHOL PROGRAMS AT RUTGERS UNIVERSITY

At Rutgers University, the Alcohol Education and Training Program has approached these issues through a primary prevention approach. We provide educational workshops and exhibits for student groups; professional seminars, conferences, and in-service training for selected staff and faculty members; and public awareness campaigns conducted mainly through campus publications.

Secondary prevention for those students at high risk for developing alcohol problems, and treatment for those students who are already experiencing problems due to their own drinking or drug-taking behavior, are offered through a separate program on campus. That program is known as the Alcohol Assistance Program for Students.

Both the Alcohol Education and Training Program and the Alcohol Assistance Program for Students are offered through the Rutgers Student Health Service. Referrals are frequently made between each of these programs and from other departments within the University. There is also an Employee Assistance Program on campus for staff and faculty members who are alcohol-troubled.

With respect to the educational approach, I will describe the philosophy upon which the Alcohol Education and Training Program is based, some of the content areas which seem to be particularly relevant for college students, and the particular significance of that type of information for women.

Primary prevention focuses on the general student body, the vast majority of whom do not currently have chronic alcohol abuse problems. However, the potential for a variety of problems to occur as a result of acute alcohol abuse is a very real possibility for many of the students. (These problems run the gamut from hangovers to alcohol-related car accidents.) This is where our educational efforts can have the greatest impact in terms of preventing the most frequent types of alcohol-related problems for the college student population.

Since most of the alcohol-related problems associated with students' personal drinking behaviors are due to heavy consumption, or acute alcohol abuse, it is helpful to consider the prevalence of such behavior. A 1985 study (conducted by Ruth Engs of Indiana University and David Hanson of SUNY Potsdam) indicated that there are significant differences between female and male students with respect to "heavy drinking" (defined as consuming six or more drinks in a setting at least once a week). Thirty-eight percent of the college men fell into this category whereas seventeen percent of the college women fit this definition of "heavy drinkers".

These statistics are both encouraging and discouraging. The encouraging part has to do with the fact that although the gap between male and female drinking is very narrow, the gap between male and female heavy drinking is still quite a gap.

However, the percentage of female students who describe themselves as heavy drinkers has risen steadily over the last decade. The percentages are represented as follows:

1974	1982	1985
4.4%	11.4%	17.1%

This increase may be due to a number of factors including the possibility that more women are drinking more alcohol or that women are feeling more comfortable in admitting their drinking patterns to themselves and others. Whatever the reason(s) behind the statistics, they represent a need that is "staring us in the face" and which women in administrative positions can be extremely influential in addressing.

When addressing this situation, we need to resist the inclination to focus only on the obvious problem cases, but rather to provide educational services for the entire student body.

We use the term "responsibility" frequently in the realm of alcohol education. The generally accepted definition of "responsible alcohol use" is that in which the behavior does not cause harm to the drinker or anyone else. In the educational efforts at Rutgers, we also refer to "responsible decision-making about alcohol." This concept applies to drinkers as well as non-drinkers since there are frequent occasions during which non-drinkers are involved with those who drink beverage alcohol. One may have to care for someone else who is intoxicated or decide whether to accept a ride when the driver has been drinking and his/her driving ability is questionable. The third general area deserving of attention with respect to alcohol and the college campus, has to do with sensitivity to and acceptance of non-drinking behavior by peers. Social activities on a college campus have traditionally involved and often have centered around alcohol use. This situation can be difficult for those students who choose not to drink at all, or at least not to drink as much or as often as the rest of the group.

So, there is a large agenda to be covered, or at least considered, when thinking and educating about alcohol. Let's focus in now on some of the issues that are particularly relevant for women - for women's personal health, safety, and well-being with respect to alcohol use.

FACTORS CONTRIBUTING TO ALCOHOL EFFECTS AND B.A.C.

The effects one experiences from drinking alcohol are due to a number of factors, most of which are within the control of the drinker and are related to the person's Blood Alcohol Concentration (B.A.C.). Examples of such factors include:

- whether the person has eaten before or while drinking (Eating helps to keep the B.A.C. at a more moderate level.)
- the rate at which the drink is consumed (Gulping or chugging will cause a more severe impact than sipping.)
- the type of alcoholic beverage consumed (Diluted or mixed drinks are absorbed less rapidly than straight liquor. Carbonated beverages cause the alcohol to be absorbed more quickly than non-carbonated beverages.)

Other factors which would contribute to the effects the individual would experience from drinking, but are independent of their B.A.C., would include the following:

- whether the person is fatigued or "run down" (The impact is usually more dramatic when the person is not in optimum physical health or condition.)
- whether the person has developed tolerance to alcohol (It would take more of the drug to produce the same effect than it once did.)

- the individual's mood or attitude at the time of drinking (Alcohol tends to intensify the person's state of mind. This applies to pleasant as well as unpleasant states of mind.)

In any event, each of those factors (controllable and non-controllable) apply to both women and men. However, women need to be aware of two particular factors that relate to blood alcohol concentration. Since B.A.C. represents the percentage of alcohol in the body compared to the amount of blood and fluid the person has, body size is an important issue. The larger the person is, the more fluid he/she will have in which the alcohol can be diluted. Generally speaking, women weigh less than men to begin with, and alcohol tends to be more concentrated in the smaller person. Even if a man and a woman weighed the same amount, women have more fat per pound than men have, thereby reducing, to some extent, the amount of fluid in which the alcohol can be diluted. These two factors contribute to the potential for alcohol to have a greater impact on women than men even if the same amount was consumed. Although these are only two of the many factors mentioned earlier, they point to the importance of being aware of all the factors, especially those which are within the person's control and can help balance the odds in terms of alcohol impact.

DRUG AND ALCOHOL INTERACTIONS

Because of the widespread use of drugs in our society, both medicinally and recreationally, the risk of adverse reactions from combining alcohol with other drugs should be of concern to everyone. However, the fact that women tend to use more medications than men throughout their lifetime, makes this concern particularly relevant to

the subject of this presentation. For the moment though, let's focus on the most frequently used drugs and the potentially most dangerous types of combinations.

Following alcohol itself, the most frequently used drug on most campuses would be marijuana. The main problem with alcohol and marijuana combinations would be a more severe impairment of driving ability than either drug would produce when used alone. Since these two drugs are frequently used together in social circumstances, the implications for safety become fairly obvious.

Probably the most dangerous category of drugs which might be used in combination with alcohol would be the depressant category. This would include sedatives and sleeping pills. Since depressants have a synergistic effect with alcohol, the combination has an effect greater than the sum of these substances taken separately. (It would be like multiplying the effects rather than adding them.) These drugs are not generally considered "recreational drugs" and are not usually taken as part of a social scene. However, the person who gets kind of "wound-up" at a party, goes home and finds it hard to sleep (which is sometimes due to alcohol-induced disturbances in sleep patterns) may be inclined to take this type of medication if it happens to be available.

Questions have been raised about the effect of the birth control pill or about various phases of the menstrual cycle on alcohol metabolism and the effects experienced by the drinker. At this time, there is no conclusive evidence that taking oral contraceptives will have an effect on the metabolism of alcohol. Research is continuing in this area. It is also important for women to be aware of their own reactions to alcohol during the different phases of the menstrual

cycle. There may be noticeable differences, but they may also vary on an individual basis.

Another issue of particular concern to women is that of osteoporosis and calcium needs. The reason I bring it up here is that, in some cases, there is a relationship with alcohol abuse and the implications for those women can be dramatic. As most people are probably aware, women are at greater risk for developing osteoporosis, which is a thinning or demineralization of the bones, after menopause. This can lead to fractures, most commonly of the hip, wrist, upper arm, or vertebrae of the spine. Chronic alcohol abuse exacerbates the problem by increasing loss of calcium through the kidneys, decreasing absorption of calcium through the small intestine, and causing extra demineralization of the bones. Although this would not be a particular concern for the typical college student, it might be of concern for some of the returning students and staff or faculty members. It should be emphasized that this extra risk is associated with chronic alcohol abuse rather than moderate use.

Questions are often raised about diet pills and the possible interaction with alcohol. Since diet pills are stimulants, the effects might counteract the depressant effect of alcohol to some extent, although they would do nothing to reverse the effects of alcohol on coordination, judgement, vision, etc. Because the priority of the liver is to metabolize alcohol when it is present, the effects of any other drug could be potentiated when alcohol is in the bloodstream. Some of the results of this potentiation with diet pills might include heart palpitations, jitterness, etc. Basically, the effects of such a combination would be unpredictable. It would vary from person to person and with the amount of each drug consumed.

Rather than go into detail on the other categories of drugs and their potential interaction with alcohol, I have brought a summary of specific types of drugs (including brand names that many of us would recognize) and brief descriptions of the expected effects from combinations of any of these drugs with alcohol. You can help yourself to these handouts following this session. Please feel free to adapt or use them as such for appropriate programs on your campuses.

FETAL ALCOHOL SYNDROME/FETAL ALCOHOL EFFECTS

There is another issue concerning women and alcohol use which has been given a fair amount of attention in the past few years and it concerns the effects of alcohol consumption by a pregnant woman on fetal development. Although a healthy pregnancy is usually not the most immediate concern of the typical college student, with respect to something like F.A.S., it is far better for the public to be aware well ahead of time rather than for a woman to realize the possible consequences once a pregnancy may be underway.

The symptoms of F.A.S. include:

- varying degrees of mental retardation
- growth deficiencies, including smaller head and body (The growth deficiencies never catch up to normal growth patterns.)
- facial abnormalities including thin lips, flat nose and midface, narrow eyes, and no crease between nose and lips.

In addition, heart and spine defects and other organ malformations are not uncommon.

The ironic thing is that Fetal Alcohol Syndrome (F.A.S.) is the third leading cause of birth defects associated with mental retardation. (The first is Down's Syndrome; the second is Spina Bifida.) F.A.S. is the only one of these leading three which is preventable. These facts support the need and appropriateness for preventive education for the general population on this subject.

Even though the full Fetal Alcohol Syndrome is usually seen in children of women who were chronic heavy drinkers or active alcoholics during pregnancy, less severe symptoms, known as Fetal Alcohol Effects, have been seen in children whose mothers drank only moderately during pregnancy.

The recommendation made by most health professionals (including the AMA and the Surgeon General's official policy) is that women should not drink at all during pregnancy.

ACQUAINTANCE RAPE

The final content area that I will present today is the issue of acquaintance rape. This subject has been given considerable attention in the media recently and many college and university administrators are dealing with it in a more comprehensive and direct manner than had once been the case.

Based on the studies which have been conducted and published thus far, and based on so many of the anecdotal reports which students themselves tell us, it seems that alcohol plays a role in many of the acquaintance rape cases on college campuses. In reviewing the research, I was not able to find a statistic which represented the percentage of times alcohol was involved, but terms such as: "frequently," "often," and "many times" were used in most of the publications.

Other factors and influences involved with acquaintance rape such as: inadequate communication, lack of ability or comfort in asserting one's decisions or beliefs, socialized expectations of dating, images of romance and the male/female roles which are sometimes perpetuated through the media, all contribute to the situations during which an acquaintance or date rape may be more likely to occur. Alcohol in itself is not the causal factor, but the early effects of alcohol on either one or both of the partners, such as impaired judgement and sometimes increased aggressive behavior (possibly sexually aggressive behavior), can set the stage for a rape incident. The effects of heavy alcohol consumption or of other drugs which may be used in the same setting as alcohol is used, can put the woman at high risk since she may be passed out, or too sick to get herself out of a dangerous situation.

Acquaintance rape is a very complex issue. It would be a serious disservice to imply that addressing the involvement of alcohol or other drug abuse alone, would solve the problem - it would not. Much more needs to be done to confront the other issues mentioned earlier. But on the other hand, alcohol education programs can be more complete and discussion can take on a new level of personal significance for the students if the issue of acquaintance rape is put in the appropriate context. I think it is important to include both women and men in these sessions since that would do more to advance the goal of increased understanding between the sexes and it is through mutual understanding, communication, etc. that this problem is more likely to be prevented.

PROGRAMMING STRATEGIES

With respect to the alcohol education programming strategies which have been implemented at Rutgers, we offer student-oriented as well as staff and faculty development opportunities. If I was to describe the content of any of these efforts in detail, it would be apparent that much of the information applies equally to men and women. It includes the basic information which anyone would need to know in order to make responsible decisions concerning alcohol.

By presenting this general information in a practical, ready-to-use format, and complimenting it with topics of concern to particular segments of the population, an education program takes on a more realistic and comprehensive nature. Of the six different workshops which our program makes available to student groups at this time, one deals primarily with concerns of female students and includes many of the topics mentioned earlier.

The other workshops deal with a wide variety of issues including: common myths associated with alcohol use and misuse; components of responsible party planning; appropriate ways to deal with an intoxicated person; the impact, prevalence and techniques of alcohol advertising in our society; the legal, social, and emotional issues involved with drinking and driving; warning signs of alcoholism or developing alcohol problems; and ways in which we can help ourselves if we're close to someone who is a problem drinker or alcoholic.

All of the presentations are designed to be participatory in nature through discussion as well as planned activities in the effort to have it be as relevant as possible for the particular group. Presentations are usually held in the evenings and are conducted by peer educators who are specially trained for these subjects.

I am repeatedly struck by the number of students who respond to these sessions by recounting personal experiences of how their own lives have been affected by alcohol. They seem to be quite willing, sometimes anxious, to talk to someone that they perceive as knowledgeable about the subject and interested in their experiences.

It is difficult to attribute any observable behavioral changes as being a direct result of any one or a combination of these sessions. There have been many other factors which have simultaneously influenced student awareness and behavior on campus, such as an increase in the drinking age, a series of alcohol policy revisions, and the general crackdown and intolerance of alcohol abuse in society in recent years.

However, we can accurately assess the response to our program offerings. Each workshop is evaluated by the participants and the facilitator in terms of content, format, and suggestions for revisions or development of new workshops. These responses are used in revising current workshops and in helping student educators to improve their presentation and group leadership skills. The responses on these evaluation forms are generally quite favorable. Over the past three years, we have also observed a steady increase in the number of presentations requested by student groups. Many of these requests are repeat requests, which indicates in another way, a certain degree of satisfaction with, interest in, and need for this type of information.

These workshops have been compiled into a manual which includes content outlines, all handouts, facilitator's background, and references for each topic. The flyer, which will be distributed later, provides more details and contains an order form in the event that the manual might be useful for your campus programming.

In addition to the workshop approach, we have found that exhibits featuring highly focused topics work well for commuters since they do not readily have access to presentations in residence halls, or sorority and fraternity houses. Since commuting students often have limited time due to other responsibilities such as family or full or part-time jobs, we have designed two exhibits which provide detailed information within a relatively short period of time - 5-10 minutes per participant. One exhibit pertains to drinking and driving information (particularly relevant for commuting students, especially in a suburban or rural setting). A large B.A.C. dial is used for participants to estimate their own hypothetical B.A.C. under certain conditions. The participant transfers the information to a personalized wallet card for future reference. The other one emphasizes the importance of having food and alternative, non-alcoholic beverages available whenever alcoholic beverages are served. Recipes and sample snacks and drinks are distributed. I have copies of the protocols and sample materials for each of these exhibits in the event you would be interested in setting up similar ones on your campuses.

Strategies To Increase Success:

In any case, whether we're considering alcohol education workshops or exhibits, the success and effectiveness of any of these events rests on several factors.

A. It is important to actively invite people to participate in the event. Be able to give them something for them to get involved with in the very beginning.

B. There should be a high level of quality interaction to convey the information and allow participants to explore their own concerns related to alcohol use and misuse. This requires adequate training and supervision of facilitators or exhibit staff.

C. The information should be in a format that can be taken home for future reference and perhaps shared with roommates or friends.

D. Plan to maximize the impact of exhibit or event:

- Recruit the support of key people: Residence Life Staff, Administrators, Athletic Department, Pub Management Personnel, etc.
- Place an article of the campus newspaper on subject and announcing the event ahead of time. This will help generate attendance and awareness of the issue.
- Distribute or display posters/flyers which are eye-catching and stimulate interest. The nature of the subject should be accurately represented. Maintain control over this aspect of publicity.

E. Referrals:

The facilitators of any alcohol education event should be able to make timely and appropriate referrals to on or off-campus resources.

ALCOHOL PROBLEMS AMONG COLLEGE STUDENTS

As I mentioned earlier, when discussing alcohol use and misuse with almost any population, a certain percentage of people will be experiencing some type of problem related to alcohol. It may be due to their own drinking, their parents' or siblings' drinking, or that of a roommate, boyfriend, girlfriend, etc.

This is where primary prevention can lead to secondary prevention. By enabling students and other members of the University community to recognize the warning signs of a drinking problem and effectively handle the situation, those who are at high risk for developing problems or who are already experiencing the early stages of an existing problem, can be referred for appropriate counseling or treatment.

One example would be for children of alcoholics to become aware of the fact that they are at a 4X greater risk of developing alcoholism than children of non-alcoholics. It is a risk factor which can be balanced to a large extent by the individual if she/he knows and understands that risk.

Again, these issues are relevant to both female and male students. However, with the statistics indicating that women are reporting alcohol-related problems with greater frequency than what used to be the case, and with the gap between male and female drinking diminishing, the need to prepare for appropriate educational, intervention, and treatment approaches for the female college student is becoming more critical.

STAFF DEVELOPMENT

In addition to the student-oriented activities which I've described, we offer staff and faculty development and training. These professional development opportunities consist of on-campus conferences and seminars, which are designed for specific groups such as Residence Life Staff, Student Health Service Medical Staff, University Police, and Counseling Center Personnel. We also conduct a 5-session mini-series of workshops on alcohol issues of particular

relevance to the University community. The topics in this series include: trends and perspectives on alcohol use/misuse among college students and younger adolescents; the influences of family, culture, and media on alcohol consumption; the range and extent of alcohol problems in society and on campus; and issues involved with alcohol policy development.

The purpose of providing such staff development activities is for University staff members who are in key positions of authority and involvement with students, to increase their level of knowledge and sensitivity to alcohol issues, thus, enhancing their professional skills. One of the benefits of getting involved with so many groups within the University has been the emergence of a network through which the services of the Alcohol Education and Training Program are requested and used by both student groups and University staff. The effects of our educational efforts with any one group of students or staff are enhanced when others reinforce the message.

SUMMARY

In summarizing this session, I want to stress the importance of a comprehensive approach to dealing with alcohol issues on the college campus. The components of such an approach would include education, treatment, and environment.

The educational component of an alcohol program can not only educate the University community about responsible decision-making concerning alcohol use, but can also help people to recognize an alcohol-related problem when it already exists and to intervene in an appropriate manner.

Thus, the treatment resources, either on or off-campus, need to be identified, evaluated based on appropriateness for the college population, and used when referring students, staff, or faculty with alcohol-related problems.

The third component has to do with the environment in which this all takes place. An environment which is supportive of both responsible alcohol use and an individual's right to opt for non-use, can most readily be established with the endorsement and involvement of administrators and policy-makers on all levels.

Women in administrative positions related to academic and student services, programming, health care, and student advisement have the opportunity to make significant contributions to promote responsibility in attitudes, behavior, and environmental support. Maximizing this role not only benefits the college population, but ultimately increases sensitivity to these issues in many aspects of our society with which the college community is currently, or will eventually become involved.

- Questions/Comments
- Mention the availability of materials.
- Thank audience for sharing their own concerns and experiences.